



# Texas Tech University Health Sciences Center

## School of Pharmacy

### Residency Application

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#### Instructions:

Applications should include:

- 1) Completed application form
- 2) Letter of interest (describe your interest in the residency program and your professional goals and objectives)
- 3) Curriculum vitae
- 4) Official transcripts from all pharmacy education
- 5) Three (3) letters of recommendation (*Letters may be faxed directly to (214) 375-9366 with a hard copy mailed to the address below.*)

The deadline for application is:

**Specialty Residencies: January 6<sup>th</sup>**  
**Pharmacy Practice: February 3<sup>rd</sup>**

Applications will be reviewed as they are received so early submission is encouraged. Applicants are required to complete an onsite interview before a position will be offered.

Mail application materials to :  
Sara Brouse, Pharm.D., BCPS  
Vice Chair for Residency Programs  
TTUHSC School of Pharmacy  
4500 S. Lancaster Rd.  
Building 7 -- R#119A  
Dallas, TX 75216  
(214) 372-5300 x237  
fax (214) 372-5020  
email: [sara.brouse@ttuhsc.edu](mailto:sara.brouse@ttuhsc.edu)

For information or questions, please phone: (214) 372-5300 x245  
or e-mail: [kathy.haley@ttuhsc.edu](mailto:kathy.haley@ttuhsc.edu)



# Texas Tech University Health Sciences Center

## School of Pharmacy Residency Application – page 1

Applicant: \_\_\_\_\_  
*Last, First MI*

SSN: \_\_\_\_\_ - - E-Mail Address: \_\_\_\_\_

Current Address (residence): \_\_\_\_\_

\_\_\_\_\_  
*City State Zip Phone*

Permanent Address: \_\_\_\_\_

\_\_\_\_\_  
*City State Zip Phone*

Please **CHECK** which residency program you are applying for. If you are applying to a residency available at multiple locations/sites, please check **ALL sites** that you would like to be considered for.

### PRACTICE RESIDENCIES

☐ **Pharmacy Practice w/emphasis in Pharmaceutical Care**

- ☐ Dallas, Presbyterian Hospital\*
- ☐ Dallas, VA Medical Center (VAMC)\*
- ☐ Fort Worth, Harris Methodist Hospital\*
- ☐ Lubbock, University Medical Center

☐ **Pharmacy Practice w/emphasis in Community Care**

- ☐ Amarillo, Texas Tech Patient Care Center Pharmacy
- ☐ Lubbock, Texas Tech Patient Care Center Pharmacy  
(with emphasis in Ambulatory Care)

\*affiliated positions

**NOTE:** If you are applying for more than one TYPE of residency, please elaborate on your interests below:

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### SPECIALTY RESIDENCIES

☐ **Critical Care**

- ☐ Amarillo 1 year ☐ Amarillo 2yr (combined ID)
- ☐ Dallas VAMC

☐ **Infectious Diseases, Dallas VAMC**

☐

☐ **Hematology/Oncology, Dallas VAMC**

☐ **Pediatrics, Amarillo**

☐ **Drug Information, Amarillo**

☐ **Pharmacotherapy (2 year program)**

- ☐ Amarillo
- ☐ Dallas, VAMC
- ☐ Lubbock, UMC

## School of Pharmacy Residency Application – page 2

**Applicant Name** \_\_\_\_\_

**Professional Education:**

List colleges and universities attended with dates of attendance and degrees earned. (Please begin with most recent degree)

**College or University  
Completed**

**Dates Attended**

**Degree/Major**

\_\_\_\_\_

☐ Yes ☐ No

\_\_\_\_\_

☐ Yes ☐ No

\_\_\_\_\_

☐ Yes ☐ No

**Have you completed a pharmacy practice residency?** ☐ Yes ☐ No

**If yes:** \_\_\_\_\_  
*Residency Program* *Program Director*

**Are you licensed to practice pharmacy in the United States?** ☐ Yes ☐ No

**If yes:** \_\_\_\_\_  
*State* *Year Licensed* *License Number*

**Are you a United States Citizen?** ☐ Yes ☐ No If No, country of citizenship \_\_\_\_\_  
\_\_\_\_\_

**Type of visa, if applicable:** \_\_\_\_\_ **Resident Alien ID number, if applicable:** \_\_\_\_\_  
\_\_\_\_\_

**I certify that the information submitted in this application is complete and correct to the best of my knowledge and belief. I grant Texas Tech Health Sciences Center permission, if necessary, to request additional information from previous schools and employers concerning my academic record and professional ability. Special Note: Because of the nature of clinical faculty appointments, Texas Tech may be required to provide affiliated institutions with personnel information, including social security numbers.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_